

The special attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 651

Office of Registrar of Vital Statistics.

Ward 15⁺

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, January 26, 1857

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Jane Thomas

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age,

Years,

Months,

Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Location of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 1 Catawba St.

Cause of Death, { First (Primary), Second (Immediate), }

Cholera Infantum
Asthma

Condition of Last Sickness,

The above information should be furnished by the Physician.

Burial, Laurel Cemetery

Burial, June 27

Burier, Hercules Ross

Business, Dr. H. D. Donnay, M.D.

Address, 617 Spruce St.

M. D.

Medical Attendant.

I declare on oath before the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

It further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician attending him or her during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death of the deceased, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as possible the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER.]

11

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on Back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 652

Office of Registrar of Vital Statistics.

Ward 16

The Physician who attended any person in a last illness, or the Undertaker or other person superintending the burial, is requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

Fill in this Certificate, accurately filled out.

Enter the death of said deceased, or sooner, if

CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents }

Sex, Male or Female, { Cross out the word not required in this line }

Age,

Years,

3

Months,

8

Days

Color,

Black

Married, Single, Widow or Widower, { Cross out the words not required in this line }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number }

413 Perry St -

Cause of Death, { First (Primary),
Second (Immediate), }

Brutition
lungs with
margazine -
exhaustion
since birth

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Lauril Cemetery

Date of Burial, June 27

Undertaker, Hercules Ross

Place of Business, 1104 Broadway St

Address, 1920 Lombard St

P. Swall

M. D.

Medical Attendant.

from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish written notice, after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause of death.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 153

Office of Registrar of Vital Statistics.

Ward . 15th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25-

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Sophie Brannock

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 22 Years,

Months,

Days.

Colored

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, -

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

US

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. } 212 Hughes Old no

Cause of Death, { First (Primary), Tuberculosis
Second (Immediate), ~~Miss~~ 6 mos }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Fairmount Cemetery

Date of Burial, June 27

{ Undertaker, Hercules Ross }

{ Place of Business, 404 Lombard St }

Groft Straus M. D.
Medical Attendant.
Address, 9 E. Montgomery st

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore:

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[over]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate

Health Department of Baltimore.

Permit No. A 6574 Office of Registrar of Vital Statistics. Ward 13th

The Physician who attended any person in a last illness, is responsible for the preparation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.
No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A VITAL CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 25 - 1887

Full Name of Deceased, Maggie Liveny
{ Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, Male or Female, { Cross out the word not required in this line. } Female

Age, 18 Years,

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } Single

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give Street and Number. } 4 E. York St

Cause of Death, { First (Primary), Second (Immediate), } Phthisis Pulmonalis

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 27 / 87

Undertaker, J. F. Krause & Son

Place of Business, 703 Pennsylvania

Address, 106 Barre St. M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A

653

Office of Registrar of Vital Statistics.

Ward 14^{1/2}

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH. B

Date of Death, June 26th 1887.

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Stephen Butler.

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 72 Years, Months, Days.

Color, white

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation, Machinist.

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Virginia.

Duration of Residence in the City of Baltimore, 40 years

Place of Death, { Give Street and Number. } 1641 N Lawale st

Cause of Death, { First (Primary), Apoplexy. Second (Immediate), Exhaustion }

Duration of Last Sickness, 4 days.

All the above information should be furnished by the Physician.

Place of Burial, Baltimore Cemetery

Date of Burial, June 28 1887

{ Undertaker, Jas. B. Cook

{ Place of Business, 1003 W Baltimore Address, George Ave & Robert

W Rickett

M. D.

Medical Attendant.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

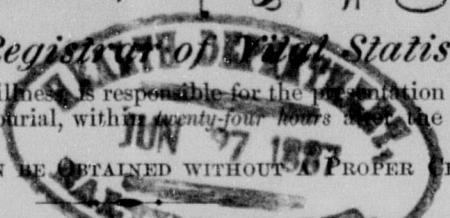
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 656 Office of Registrar of Vital Statistics. Ward 13⁴

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Sex, ~~Male~~ or Female { Cross out the word not required in this line. }

Age, 22 Years, Months, Days.

Color, White

Married, Single, Widow or Widower, { Cross out the words not required in this line. } ✓

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore,

Place of Death, { Give Street and Number. }

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Loudon Park Cemetery

Date of Burial, June 27

{ Undertaker, Joseph B Cook }

{ Place of Business, 1003 W Baltimore }

R. P. Allen

M. D.

Medical Attendant.

Address, 815 E. J. M.

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department of Baltimore.

Permit No. A 657

Office of Registrar of Vital Statistics.

Ward

18th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A VITAL CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death,

June 26 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary Hibline

Sex, Male or Female, { Cross out the word not required in this line. }

6 Months, 28 Days.

Age, _____

Years,

6 Months, 28 Days.

Color,

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Baltimore City ✓

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Duration of Residence in the City of Baltimore, Life —

Place of Death, { Give Street and Number. }

408 Payson St
Tabas Turseratica

Cause of Death, { First (Primary), Second (Immediate), }

Duration of Last Sickness, about 2 mos —

All the above information should be furnished by the Physician.

Place of Burial, Western Cemetery

Date of Burial, June 27 1887

C. C. McDowell M. D.

Medical Attendant.

{ Undertaker, Jas. A. Cook

{ Place of Business, 1003 W. Baltimore Address, 1521 w. Fayette St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

Board of Health, City of Baltimore,

Permit No. A 658

OFFICE OF REGISTRAR OF VITAL STATISTICS.

The Physician who attended any person in a last illness is responsible for the presentation of this Certificate, *accurately filled out*, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.

CERTIFICATE OF DEATH.

Date of Death, June 27 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } James A Wilson

Sex, Male or Female, { cross out the word not required in this line. }

Age, Years, Seven Months, Days

Color, white

Married, Single, Widow or Widower, { Cross out the word not required in this line. }

Occupation,

Birthplace, { State or country, (and how long in the United States, if of foreign birth.) }

Baltimore City

Duration of Residence in the City of Baltimore, Life

Place of Death, { Give street and number } 836 or Howard st.

Cause of Death { First, (Primary.) }

Cholera Infantum

, Second, (Immediate.)

Duration of last Sickness, 36 hours

All the above information should be furnished by the Physician.

Place of Burial, Greenmount Cemt

Date of Burial, June 28 1887

Undertaker, Jos F. Byrne

Place of Business, 594 Liberty

Geo L Ogle

M. D.

Medical Attendant.

Address, 711 Cary St.

*Extract from Regulations of the Board of Health to secure a full and correct record of
Vital Statistics in the City of Baltimore*

SECTION 3. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within forty-eight hours after the death to the Undertaker or other persons superintending the burial, a Certificate setting forth as far as the same can be ascertained, the full name, sex, age and condition (whether married or single) of the person deceased, and the cause and date of death, except in cases of births and deaths of illegitimate children.

WM. J. C. DULANY & CO. CITY PRINTERS AND STATIONERS.

[OVER]

The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

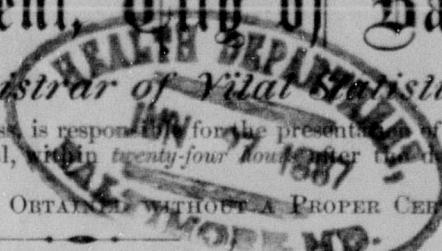
Permit No. A. 659

Office of Registrar of Vital Statistics.

Ward 10th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

NO PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death,

June 26th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. }

Mary M. Albin

Sex, Male or Female, { Cross out the word not } required in this line.

Age, Years,

7 Months,

Days.

Color,

white

Married, Single, Widow or Widower, { Cross out the words not } required in this line.

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. }

Baltimore,

Duration of Residence in the City of Baltimore,

Life

Place of Death, { Give Street and Number. }

Lot 4 St. Fremont St

Cause of Death, { First (Primary),

Cholera Infantum

Second (Immediate),

1 week

Duration of Last Sickness,

All the above information should be furnished by the Physician.

Place of Burial, Holy Cross

Date of Burial, June 28th 1887

of her hand

M. D.

Undertaker, M. Cadogan

Medical Attendant.

Place of Business, 227 Mulberry

Address, 400 Cathedral St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as he same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]

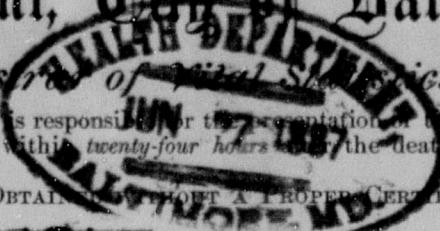
The Special Attention of Physicians is Respectfully Invited to the Remarks below, and to List of Diseases on back of this Certificate.

Health Department, City of Baltimore.

Permit No. A 160 Office of Registrar of Vital Statistics. Ward 8th

The Physician who attended any person in a last illness, is responsible for the presentation of this Certificate, accurately filled out, to the Undertaker or other person superintending the burial, within twenty-four hours after the death of said deceased, or sooner, if requested so to do, under penalty of law.

No PERMIT FOR BURIAL CAN BE OBTAINED WITHOUT A PROPER CERTIFICATE.



CERTIFICATE OF DEATH.

Date of Death, June 25th 1887

Full Name of Deceased, { Write legibly and spell correctly. If an Infant not named, give names of parents. } Margaret Dutton

Sex, Male or Female, { Cross out the word not required in this line. }

Age, 2 Years, 6 Months, Days.

Color, Brown

Married, Single, Widow or Widower, { Cross out the words not required in this line. }

Occupation,

Birth Place, { State or country, and how long in the United States, if of foreign birth. } Baltimore

Duration of Residence in the City of Baltimore, life

Place of Death, { Give Street and Number. } 917 Grove St

Cause of Death, { First (Primary), Hooping Cough. Second (Immediate), Pneumonia - convulsions. }

Duration of Last Sickness, 5 days

All the above information should be furnished by the Physician.

Place of Burial, Laurel Cemetery

Date of Burial, June 27th 1887

{ Undertaker, William Dungen

{ Place of Business, 100 East St

Gorsby und Co

M. D.

Medical Attendant.

Address, 711 N Calvert St

Extract from Regulations of the Board of Health to secure a full and correct record of the Vital Statistics in the City of Baltimore.

SECTION 2. And be it further enacted and ordained, That whenever any person shall die in the said city, it shall be the duty of the Physician who attended during his or her last sickness, or the Coroner, when the case comes under his notice, to furnish within twenty-four hours after the death, to the Undertaker or other persons superintending the Burial, a certificate setting forth as far as the same can be ascertained, the full name, sex, age, and condition (whether married or single) of the person deceased, and the cause and date of death.

[OVER.]